

JUDGE BERMAN

PREMINARY DOUCMENT

DOC # _____

11 CIV 6187

CHIKEZIE OTTAH

V

VERIFONE SYSTEM, INC.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF
NEW YORK
500 PEARL STREET, RM 230
NEW YORK, NY 10007

BELOW YOU WILL FIND ATTACHED DOCUMENTS IN SUPPORT OF MY CLAIMS

01. COMPLAINT DOUCUMENT 4 PAGES
02. WAIVER OF SERVICE OF SUMMONS 2 PAGES
03. NOTICE OF LAWSUIT AND REQUEST FOR WAIVER OF SERVICE OF SUMMONS
04. A RETURN ENVELOPE
05. VERIFONE MOBILE AUDIO/VIDEO, TV HOLDER. 3 PAGES
06. A COPY OF PATENT # US 7,152, 840
07. A COPY OF PATENT # AU 2003231638
08. LETTER (S) INFORMING VERIFONE OF MY PATENT INFRINGEMENT & REPLY
09. AFFIRMATION OF SERVICE 1 PAGE

~~VERIFONE~~

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~~XXXXXXXXXX~~

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

CHARIZIE OTTAT

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

VERIFONE SYSTEM INC

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

CHARIZIE OTTAT

Street Address

1035 CLARKSON AVENUE, SUITE 5A

County, City

BROOKLYN

State & Zip Code

NEW YORK, 11212

Telephone Number

718 581 4539

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

NUMBER 01, PAGE 3 OF 4

Defendant No. 1

Name

VERIFONE SYSTEM INC

Street Address

2099 GATEWAY PLAZA, SUITE 600

County, City

SAN JOSE, CA

State & Zip Code

CALIFORNIA, 95110

Telephone Number

(408) 232 7800 / FAX 408 232 7841

Defendant No. 2

Name

Street Address

County, City

State & Zip Code

Telephone Number

Defendant No. 3

Name

Street Address

County, City

State & Zip Code

Telephone Number

Defendant No. 4

Name

Street Address

County, City

State & Zip Code

Telephone Number

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal Questions☒ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

PATENT INFRINGEMENT

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship

NEW YORK STATE (NYS)

Defendant(s) state(s) of citizenship

CALIFORNIA (CA)

AO 398 (Rev. 12/93)

NOTICE OF LAWSUIT AND REQUEST FOR WAIVER OF SERVICE OF SUMMONS

TO: (A) MR ALBERT LIU
 as (B) VICE PRESIDENT of (C) VERIFONIE

A lawsuit has been commenced against you (or the entity on whose behalf you are addressed). A copy of the complaint is attached to this notice. It has been filed in the United States District Court for the

(D) Southern District of New York
 and has been assigned docket number (E).

This is not a formal summons or notification from the court, but rather my request that you sign and return the enclosed waiver of service in order to save the cost of serving you with a judicial summons and an additional copy of the complaint. The cost of service will be avoided if I receive a signed copy of the waiver

within (F) 7 days after the date designated below as the date on which this Notice and is sent. I enclose a stamped and addressed envelope (or other means of cost-free return) for your use. An extra copy of the waiver is also attached for your records.

If you comply with this request and return the signed waiver, it will be filed with the court and no summons will be served on you. The action will then proceed as if you had been served on the date the waiver is filed, except that you will not be obligated to answer the complaint before 60 days from the date designated below as the date on which this notice is sent (or before 90 days from that date if your address is not in any judicial district of the United States).

If you do not return the signed waiver within the time indicated, I will take appropriate steps to effect formal service in a manner authorized by the Federal Rules of Civil Procedure and will then, to the extent authorized by those Rules, ask the court to require you (or the party on whose behalf you are addressed) to pay the full costs of such service. In that connection, please read the statement concerning the duty of parties to waive the service of the summons, which is set forth at the foot of the waiver form.

I affirm that this request is being sent to you on behalf of the plaintiff, 2nd day of
 this THUR Sept. 2011.



 Signature of Plaintiff's Attorney
 or Unrepresented Plaintiff

A—Name of individual defendant (or name of officer or agent of corporate defendant)

B—Title, or other relationship of individual to corporate defendant

C—Name of corporate defendant, if any

D—District

E—Docket number of action

F—Addressee must be given at least 30 days (60 days if located in foreign country) in which to return waiver

From VeriForm System Inc
c/o ABREX LLC, SIZENISE VICE PRESIDENT?
2088 Gateway Plaza, Suite 600
San Jose, CA 95110

To: CHAZZIE OTT
1035 CLARKSON AVENUE, SUITE 5A
BROOKLYN, NEW YORK, 11212 USA

#04

Number 04

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. INFRINGEMENT HAVE COST ME AND PARTNERS CONTRACTS AND SLOWED INVESTMENTS CAPITALS, MANY BIG URBAN/METROPOLITAN CENTERS HAVE AWARDED MULTI BILLION DOLLARS CONTRACTS TO VERIFONE SYSTEM INC AND HER PARTNERS TO DESIGN AND EQUIP THEIR CITIES TAXI WITH THE NEW AUDIO/VIDEO TECHNOLOGIES.

THIS NEW AND IMPROVED AUDIO/VIDEO (HD TV 720P) HAVE CAPABILITIES OF A COMPUTER, OR NOTE BOOK, A MOBILE HD TV CAN BROWSE, Yahoo, Google and AMERICANS ON LINK, TWITTER, E-MAIL, FACE BOOK, ENTERTAINMENT LIKE, WII, SONY PLAY STATION, SHARE PICTURES VIA SKYPE. MY PARTNERS AND ME ARE ASKING DEMANDING \$71 million IN PATENT INFRINGEMENT.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 2 day of SEPT., 2011.

Signature of Plaintiff

[Handwritten Signature]

Mailing Address

1035 CLARKSON AVENUE
SUITE 5A, BROOKLYN
NEW YORK, 11212

Telephone Number

718 581 4539

Fax Number (if you have one)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number _____

NUMBER 01, PAGE 4 OF 4

VeriFone
Transportation Systems

VISA

1000

NUMBER 05
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